EAGLE RIVER HEALTH CARE CENTER, INC. 357 RIVER STREET, P. O. BOX 1149

EAGLE RIVER	54521	Phone: (715) 479-7464		Ownership:	Corporation
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	Skilled
Operate in Conj	unction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and Sta	affed (12/31/02):	59	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/02):	91	Title 19 (Medicaid) Certified?	Yes
Number of Resid	dents on 12/31	/02:	17	Average Daily Census:	45

Services Provided to Non-Residents		Age, Sex, and Primary Diagno	Length of Stay (12/31/02)	ଚ୍ଚ			
Home Health Care	No	Primary Diagnosis	%	Age Groups	%		
Supp. Home Care-Personal Care	No					1 - 4 Years	•
Supp. Home Care-Household Services	No	Developmental Disabilities	•	Under 65	0.0		•
Day Services	No	Mental Illness (Org./Psy)	•	65 - 74	5.9		
Respite Care	Yes	Mental Illness (Other)		75 - 84	35.3		
Adult Day Care	Yes	Alcohol & Other Drug Abuse		85 - 94	35.3	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic		95 & Over	23.5	Full-Time Equivalent	
Congregate Meals	No	Cancer				Nursing Staff per 100 Resi	dents
Home Delivered Meals	No	Fractures			100.0	(12/31/02)	
Other Meals	Yes	Cardiovascular	•	65 & Over	100.0		
Transportation	No	Cerebrovascular	•			RNs	31.9
Referral Service	No	Diabetes	•	Sex	용	LPNs	9.3
Other Services	No	Respiratory	•			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	•	Male	29.4	Aides, & Orderlies	80.9
Mentally Ill	No	·		Female	70.6		
Provide Day Programming for			•				
Developmentally Disabled	No				100.0		

## Method of Reimbursement

		edicare			edicaid			Other			Private Pay			amily Care			anaged Care			
Level of Care	No.	o <sub>l</sub> o	Per Diem (\$)	No.	Ŷ	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	୧	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	100.0	0	0	0.0	0	0	100.0	0	0	0.0	0	0	0.0	0	17	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		14	100.0		0	0.0		3	100.0		0	0.0		0	0.0		17	100.0

EAGLE RIVER HEALTH CARE CENTER, INC.

Admissions, Discharges, and	1	Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12	/31/02
Deaths During Reporting Period							
	I				% Needing		Total
Percent Admissions from:	I	Activities of	90	As	sistance of	% Totally	Number of
Private Home/No Home Health	33.3	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	•		•	•	17
Other Nursing Homes	14.3	Dressing	•		•	•	17
Acute Care Hospitals	52.4	Transferring	•		•	•	17
Psych. HospMR/DD Facilities	0.0	Toilet Use	•		•	•	17
Rehabilitation Hospitals	0.0	Eating	•		•		17
Other Locations	0.0	*****	*****	*****	*****	******	******
Potal Number of Admissions	21	Continence		용	Special Treatmen	its	용
Percent Discharges To:	1	Indwelling Or Extern	nal Catheter	0.0	Receiving Resp	iratory Care	0.0
Private Home/No Home Health	12.7	Occ/Freq. Incontine	nt of Bladder	0.0	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontine	nt of Bowel	0.0	Receiving Suct	ioning	0.0
Other Nursing Homes	45.5				Receiving Osto	my Care	0.0
Acute Care Hospitals	7.3	Mobility			Receiving Tube	Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	anically Altered Diet	s 0.0
Rehabilitation Hospitals	0.0				-	-	
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	34.5	With Pressure Sores		0.0	Have Advance D	irectives	0.0
Total Number of Discharges	i	With Rashes		0.0	Medications		
(Including Deaths)	55 i				Receiving Psyc	hoactive Drugs	0.0

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Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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			ership:		Size:		ensure:	_	_			
	This		prietary		-99		lled	Al				
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities			
	00	olo	Ratio	엉	Ratio	00	Ratio	9	Ratio			
Occupancy Rate: Average Daily Census/Licensed Beds	48.9	80.0	0.61	83.5	0.59	83.3	0.59	85.1	0.57			
Current Residents from In-County	0.0	73.3		72.9	•	75.8		76.6	0.00			
Admissions from In-County, Still Residing	•	19.2		22.2	•	22.0	•	20.3	0.00			
Admissions/Average Daily Census	46.7	136.0	0.34	110.2	0.42	118.1	0.40	133.4	0.35			
Discharges/Average Daily Census	122.2	138.5	0.88	112.5	1.09	120.6	1.01	135.3	0.90			
Discharges To Private Residence/Average Daily Censu	s 15.6	59.1	0.26	44.5	0.35	49.9	0.31	56.6	0.28			
Residents Receiving Skilled Care	100	93.4	1.07	93.5	1.07	93.5	1.07	86.3	1.16			
Residents Aged 65 and Older	100	95.9	1.04	93.5	1.07	93.8	1.07	87.7	1.14			
Title 19 (Medicaid) Funded Residents	82.4	73.2	1.12	67.1	1.23	70.5	1.17	67.5	1.22			
Private Pay Funded Residents	17.6	16.8	1.05	21.5	0.82	19.3	0.92	21.0	0.84			
Developmentally Disabled Residents	•	0.9		0.7	•	0.7	•	7.1	0.00			
Mentally Ill Residents	•	33.7		39.0	•	37.7	•	33.3	0.00			
General Medical Service Residents	•	19.3		17.6	•	18.1	•	20.5	0.00			
Impaired ADL (Mean)	•	46.1		46.9	•	47.5	•	49.3	0.00			
Psychological Problems	0.0	51.2		54.6		52.9		54.0	0.00			
Nursing Care Required (Mean)		7.2		6.8		6.8		7.2	0.00			